

**Kansas Medical Assistance Program**

P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

Prior Authorization for Use of Multiple Concurrent Tricyclic Antidepressants (TCAs)

Amitriptyline HCl
Amoxapine
Clomipramine HCl (Anafranil®)
Desipramine HCl (Norpramin®)
Doxepin HCl
Imipramine HCl (Tofranil®)
Imipramine Pamoate (Tofranil® PM)
Nortriptyline HCl (Pamelor®)
Protriptyline HCl (Vivactil®)
Trimipramine Maleate (Surmontil®)

Beneficiary Information

Name: _____
Medicaid ID #: _____ Date of Birth: _____

Pharmacy Information

Name: _____ Medicaid ID #: _____
NPI #: _____ Phone #: _____ Fax #: _____
Requested TCA: _____ NDC: _____
Requested TCA: _____ NDC: _____
If patient is taking more than 2 TCAs please note additional drugs: _____

Prescriber Information

Name: _____ Medicaid ID #: _____
NPI #: _____ Phone #: _____ Fax #: _____

Clinical Prior Authorization For Patients Receiving Multiple Tricyclic Antidepressants Concurrently

CRITERIA: Two or more different TCAs used concurrently for greater than 60 days will require prior authorization. 1) Peer-to-Peer consult with health plan psychiatrist, medical director or pharmacy director must be completed for approval

☐ Provide medical documentation of need for more than one TCA written here or additional pertinent information for review by health plan psychiatrist, medical director or pharmacy director:

Prescriber's Signature: _____ Date: _____

This form will be returned unprocessed if it is not completed in its entirety.